

**WASHINGTON LTC TASK FORCE PROJECT  
OAK HARBOR TOWN HALL MEETING  
July 2006**

**SUMMARY OF PRESENTATIONS**

**TASKFORCE REPRESENTATION:**

**Members Present:**

Representative Dawn Morrell  
Representative Barbara Bailey  
Mark Rupp, Governor's Representative

**Members Excused:**

Senator Karen Keiser  
Senator Linda Evans Parlette  
Representative Mary Skinner  
Mary Selecky, Secretary, Department of Health  
Robin Arnold-Williams, Secretary, Department of Social and Health Services  
Steve Hill, Administrator, Health Care Authority

**PUBLIC COMMENTORS:**

This town hall meeting was well attended by consumers, family caregivers, staff of local Area Agencies on Aging and other aging-related agencies involved with information outreach and assistance and case management, citizens serving on various LTC commissions and aging boards, local officials involved with LTC programs, and representatives of provider organizations and staff. Twenty-three people made presentations.

**INTRODUCTORY STATEMENT:**

The following statement and questions were distributed to participants at the beginning of the hearing:

“The 65 and older population in Washington State is projected to double over the course of the next 20 years, going from 11-percent of our state’s population to almost 20-percent. Additionally, there are an increasing number of people – young and old, alike, - who, in addition to their developmental disability, have special needs with respect to issues around community protection, language and cultural differences, and familial supports. From the perspective of your organization and those you represent, what will your organization (or *should* the organization of the industry as a whole) look like in 20 years and how are you planning (*or* how should the industry be planning) for this increasing need for services among the aged and disabled? What is the number one policy issue the LTC task force should consider in light of these changing demographics?”

## SUMMARY OF PUBLIC COMMENTS/RECOMMENDATIONS:

a) There was a high level of praise and support for the work of local Area Agencies on Aging and disability agencies both in terms of services provided and the work of the staff in assisting people to understand the system and to actually obtain services needed.

b) Family caregivers stressed the need to understand how difficult it can be to transition into the role of "caregiver" and the value of supports such as caregiver training classes, respite, Adult Day Health services, and having a person who they know and trust that they can turn to for information and assistance on a continuing basis as needs develop and circumstances change. [Rep. Bailey stressed the point of having continuity over time for information and assistance, i.e. 'the same person to turn to']. Presenters also described the value of having differing levels of support available to address different stages in the transition process. For example, a support network may start out needing caregiver orientation and training and simple services such as meals on wheels but may eventually transition to needing additional services as well as a caregiver support group to prevent isolation and loss of socialization for the caregiver.

c) There are communities and neighborhoods throughout Washington that are experiencing growing numbers of able-bodied retired persons (of note: high numbers of military retirees). These persons could be a valuable source of volunteerism if local agencies make a concerted effort to nurture the resource and draw upon it as the demand increases. {Rep. Morrell suggested a "SeniorCorp" similar to "AmeriCorp"}

d) The State needs to recognize and acknowledge the fact that programs such as COPES not only expend public funds; they also enable spouses and family members to continue to be gainfully employed when they would otherwise have to become full-time informal caregivers, and they also support a workforce sector that pays taxes and spends wages in support of local economies.

e) The issue of having a well-trained, stable workforce is not limited to just personal caregivers and CNAs. The entire health care provider network including primary physicians, specialists, therapists, nurses, etc. need to be better trained in geriatric care and reimbursed appropriately for the services they provide. The state education system needs to expand geriatric training.

f) Several issues around LTC insurance highlighted the amount of misinformation and misconceptions that exist and that create excess fears about any effort to promote this option. There is a general consensus that the State needs to step up in terms of regulating LTC insurance products and providing guidance to insurance companies to assure products are flexible and provide services when the need finally arises. Also need to look at ways to provide underwriting that will enable older persons to purchase an affordable product.

g) Affordable LTC services need to be available to low-medium and medium income persons. The amount of money these groups have is not sufficient to pay out-of-pocket for health care/LTC services and still cover other necessary expenses. Use of sliding fee scales to expand current programs for low income persons (Medicaid) to other income groups should be started and expanded.

h) Adult Day Health services (more than adult day care) are an essential element of caregiver support but are lacking in many areas of the State. Ways need to be found to support the expansion of this service and to assure viability.

i) Local Area Agencies on Aging should be fostered as the primary points for community based LTC and for local partnerships.

- j) There needs to be a network of personal caregivers who are trained to meet the specific needs of persons with conditions such as MS. These specially trained caregivers need to understand both the specific needs and be willing to perform the associated tasks. They also need to have companionship skills.
- k) Dementia care giving needs to be individualized to the type of dementia. There needs to be more affordable dementia-oriented facilities, a more flexible system of settings, and knowledgeable physicians to diagnose and treat dementia. Dementia-related support groups are needed for care givers.
- l) End-of-life issues are important. There needs to be a clear recognition of end-of-life as part of LTC and training for care givers and the whole system.
- m) Agency-based care giving should provide as much flexibility as self-employed personal caregivers. At the same time, need to assure that all persons coming into the home are safe.
- n) The caregiver workforce needs to be appropriately compensated and professionally trained, including training that will enable workers to cross over between settings, i.e. nursing facilities, boarding homes, in-home.
- o) There needs to be a reduction in “silo funding” and more flexibility for Area Agencies on Aging to use available funds in best way for specific needs of their area. Sliding fee schedules should be explored. The Gates Commission report on tax restructuring should be looked at again.
- p) There needs to be a state/local plan for programmed incremental growth of the current LTC system to match projected growth of the population needing LTC. The plan should incorporate local variations (retirement sectors for instance) and allow flexibility in the use of available funds.
- q) The governor and legislature should look at creating a Department of Aging to better organize and coordinate all agencies dealing with aging.

#### NOTES:

- 1) Several presenters provided written copies of their comments to the Task Force. These written copies are on file and available for review.
- 2) Additional issues raised during this town hall meeting have been recorded during previous Advisory Committee meetings and town hall meetings.